

2. **The person to be protected** (*name*):

- b. Description:

Sex: ☐ M ☐ F Ht.: _____ Wt.: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of birth: _____

- 5. DESCRIPTION OF ABUSE AND OTHER FACTS SUPPORTING RENEWAL OF ORDER**

(Describe any history of abuse by the restrained person against the protected person. Describe any incidents of abuse since the Restraining Order After Hearing was issued. Explain any other reasons, including fear of the person to be restrained, why the order should be renewed and for how long the renewed order should last.)

☐ Continued on Attachment 5. (If you need more space, check here and add an attachment. You may use Attachment (form MC-025) designated as "Attachment 5.")

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

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